

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

February 21, 2017

Ms. Allyson Sweeney, Manager The Residence At Shelburne Bay East 185 Pine Haven Shores Road Shelburne, VT 05482-7805

Dear Ms. Sweeney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 25, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

amlaMCotaRN

Licensing Chief



THE RESIDENCE AT SHELBURNE BAY EAST SUMMARY STATEMENT OF DEFICIENCES REGULATORY OR USC IDENTIFYING INFORMATION) REGULATORY OR USC IDENTIFYING INFORMATION REGULATORY OR USC IN THE APPROPRIATE REGULATORY OR USC IDENTIFY OR USC IN THE APPROPRIATE REGULATORY OR USC IN THE APPROPRIATE REGULATORY OR USC IN THE APPROP	AND PLAN	NT OF DEFICIENCIES OF CDRRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l.	PLE CONSTRUCTION G:		SURVEY PLETED
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AD1/17		athogens and unive	rsal precautions; and		Report from the Clinical Educator. Associa: meeting the in-service requirement will be Annually in December the RCD and Clinica	tes not : notified. I Educator	
Based on staff interview and record review, the	þ	y:				ted?	
in of Licensing and Protection	n of Licer	Ising and Protection		<u> </u>			
ATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE TITLE (X6) DA	ATORY D	IRECTOR'S OR PROVIDER	USUPPLIER/REPRESENTATIVE'S SIGN.	ATURE	TITLE	0	(6) DATE

T4RR11

STATEMENT OF DEFICIENCIES AND PLAN OF CDRRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		1009	B. WING	C 01/25/2017		
	PROVIDER OR SUPPLIER			Y, STATE, ZIP CODE HÖRES ROAD		
THE NEC	SIDENCE AT SHELBU	SHELBU	RNE, VT 0			
(X4) IO PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLE	
R179	Continued From pa	ge 1	R179			
· · · · · · · · · · · · · · · · · · ·	staff reviewed received	re that 4 out of 6 direct care ved at least twelve (12) hours r which includes the seven (7) Findings include:	The same of the sa	*		
	trainings for 6 (six) r 4 (four) Resident Ca Registered Nurse ar Nurse, there was no provided by the facil Resident Care Direc stated that there are meetings and trainin training record was r requested that a prin in-services be obtain Educator. At 3:12 P partial list that indica received some trainin mandatory required to The RCD also confin	ployee files for mandatory randomly selected employees, are Assistants (RCA), 1 (one) and 1 (one) Licensed Practical evidence of training being lity. Per interview with the stor (RCD) at 1:45 PM, s/he monthly mandated staffigs and further stated that the not up to date. The RCD at out of the mandatory lited from the Clinical lited that the RCAs had lited at this time that the RN received the required 7	**************************************			
R206 \ SS≔B	V. RESIDENT CARE	AND HOME SERVICES	R206		en finite mente condition	
5 5 c to b	5.18 Reporting of Abuse, Neglect or exploitation			R206		
	case of suspected ab the Adult Protective by 33 V.S.A. §6903. A	and staff shall report any buse, neglect or exploitation a Services (APS) as required APS may be contacted by 564-1612. Reports must be		What action will you take to correct the deficient The community and staff will report any case of abuse, neglect or exploitation to Adult Protective within 48 hours of learning of the suspected, regalleged incident.	suspected e Services	
	nade to APS within 48 hours of learning of the uspected, reported or alleged incident.			What Measure will be put into place or what sys changes will you make to ensure that the deficitions not reoccur?		

Division	of Licensing and Pre	otection					
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER	ş.	PLE CONSTRUCTION G:	(X3) DATE S COMPL		
		1009	B. WING		01/25	72017	
NAME OF	PROVIDER OR SUPPLIER	STE	REET ADDRESS, CITY	STATE ZIP CODE			
		182	5 PINE HAVEN SH				
THE RES	SIDENCE AT SHELBU	SH	ELBURNE, VT 0				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTII CROSS-REFERENCED TO THE DEFICIENCY	DN SHOULD BE TE APPROPRIATE	(X5) COMPLETE DATE	
R206	Continued From pa	ige 2	R206				
;		NT is not met as evidenc	ad		å . 1		
•	by:	NT IS HOLITIEL AS EVIDENC	ieu į	All associates receive training on abu	ise, neglect and		
		rview and record review, t	the	exploitation upon hire and at least a	nnually thereafter.		
İ		ort any case of suspected		Retraining on Abuse, neglect and ex	ploitation has begun		
	abuse, neglect or e	xploitation to the Adult	1	and all associates will receive this tr	aining by 4/21/17.		
	Protective Services applicable resident	(APS) as required for 1 (Resident # 2) . Findings		How will the corrective actions be m practice does not reoccur?	onitored so deficient		
	include: Per staff interview a	and record review, Reside	ent#	Associates failure to report abuse, no will result in corrective action that m and reporting top the appropriate li	hat may result in termination		
	2 was allegedly abu	used on 11/8/16. Facility s	taff	f	triaide décricies.		
	aid not report this a	llegation until 14 days after	er the				
i		ent Care Director confirm		Dates the corrective action will be co	ompleted?		
	Licensing and Prote	incident was not reported action until 11/22/16.	1 10	4/21/17	:		
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